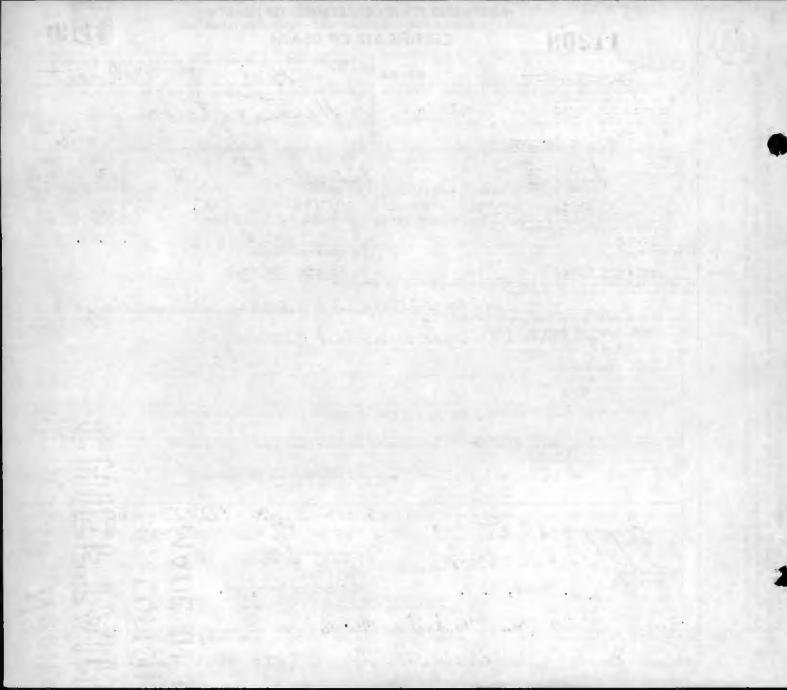
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	Calvert County		MARY		o. STATE	ere decessed	lived. If institution b. COUNTY	on: Residence k	refore admi	ssign)
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Prince Frederick	write c.	17 days	1	c. CITY OR TOWN (IF C	outside corpore	ote limits, write R	URAL and give	negrest tov	vn)
	d. NAME OF HOSPITAL (If not in hospital, giver in h		ress)	1	d. STREET ADDRESS	J	- Julian		ON	A FARM?
	NAME OF DECEASED (Type or print)		Middle	1	Boules	4. DATE OF DEATH	Mon 10	lh	Day 1	Year 19 60
S. S	6. COLOR OR RACE 7	MARRIED	NEVER MARRI	ED B. C	ATE OF BIRTH	15	AGE (In years last bythdoy)	IF UNDER 1 Y		1
M	ale White v	VIDOWEDY	DIVORCE		10/3/76	a di managamenta	8В уп.	Months Do	Hours	Min.
	. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Farmer	ne 10b. KIN	D OF BUSINESS O		Mary:	land	antry)	U. S	OF WHAT	COUNTRY
13.	FATHER'S NAME			1	4. MOTHER'S MAIDEN I	NAME				
_	MacHenry Bowen			1	Fannie Rat	vlings				
	WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give wor or dates of serv		36-735	5 11	MANT BOOK	ven	Huntin	g tour	M.	rd.
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (b) DUE TO (c)	Ca	.(Alor	lan	h) ger	eoly	el			
ICATION	PART II. OTHER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1(PERF	ORMED?
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING 20 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIB	E HOW INJURY O	CCURRED. (I	Enter noture of injury in	Part I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 p. m. 19	20d. INJUR While of work	Not while of work	20e. PLACE foctory	OF INJURY (Home, form ,, street, office bldg., etc	20f. (City	or lown)	(Cour	ety)	(\$1 o le
	21. I certify that (I) (this haspital) saw the/Deceased glive an	attended		that dea	ATTENDING M	ED.	he causes an	19 6 C d on the d	ate state	
	22c AHYSICIANS NAME (Type) G. J. Weems	, M. 1	D.	M.D	22d. ADDRESS Huntingto	wn, Md	PHYS.			
	BURIAL, CREMATION 23b. DATE THEREOF	23	tuningle	ETERY OR C	ethodist Em.	Hun	ON (City town,	Calve	Mr.	ote) md
24.	FUNERAL DIRECTOR'S SIGNATURE	Lan	ADDRESS /	1	DATE OF	D BY REGISTR	/	STRAR'S SIGNA		

ofter death. Page 4 2 should be filed with the funeral director Then please remove carbon popers. Pages 1 and TO HOSPITA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has may be referred by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 one the Stote Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1209 should be Rea. Dist. No crematian 2. USUAL RESIDENCE (Where deceased lived. If institution Regidence before admission) 1. PLACE OF DEATH a. COUNTY O. STATE b. COUNTY MARYLAND CITY OR TOWN If outside corporate lights, write RURAL c. LENGTH OF STAY IN 1b c.OTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 14.87 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS prior ON A FARM? registrar NAME OF _Middle Lost 4. DATE Month Day Year D DECEASED OF DEATH (Type or print) 19 Po S. SEX-6. COURS OF RASE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. get birthday! Months Days Hours Min. WIDOWED [7] DIVORCED T yes, 10g JUSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRD-PLACE (Stole groups) of working life, even if retired) or foreign country) 12. CITIZEN OF WHAT COUNTRY? moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages Page INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address \ E S (If yes, give wor or dotes of service) Give 18. Giv 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: farm IMMEDIATE CAUSE (o) burial-transit **DUE TO** with Conditions, if any, which gove rise la Immediate couse lang certificate shauld **DUE TO** (o), stating the underlying couse lost. 0 Office PART D. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPS 8 PERFORMED? YES [7] NO M 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fact 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should Month, Day, Year, 20d. INJURY OCCURRED 20e. TLACE OF INJURY (Home, farm, factory, greet, office bldg., etc.) 20f. (City of lown) (County) Stotel Medical Page 3 st Not while of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and find that finate, with Chief To the Chief DIRECTOR: F Natural causes Accident Suicide Hamicide . Undetermined cause DATE STONES ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forward of ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote REMOVAL (Specifie 23. FUNETAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Colling S. Huma 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CUSEL

VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

11110

	11240	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	[93
	CE OF DEATH OUNTY Calvert	MARYLAND	2. USUAL RESIDENCE (When o. STATE	deceased lived. If institution b. COUNTY	n. Residence before	admission)
	CITY OR TOWN (If autide carporate fimils, write c. L URAY and give nearest tawn)	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF SU	side corporale limits, write RL	JRAL and give neare	st tawn)
q. N	NAME OF HOSPITAL (If not in hospital, give street address INSTITUTION	255)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO
	ME OF First EASED E Print)	Middle B	com	OF DEATH / D S	Day Day	Year / 6
5. SEX	Vide WIDOWED	DIVORCED	B. DATE OF BIRTH	9. AGE (In years last by Inday) yrs.	Manths Days I	Hours Min.
OU.	SUAL OCCUPATION (Give kind af work dane 10b. KIND trian mast of working life, even if retired)	OF BUSINESS OR INDUS	/re	£	12. CITIZEN OF	WHAT COUNTRY
13. FAT	mul Brown		Octoring	Ber g	2000	
15. WA (Yes, no.	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI or unknown) (If yes, give wor or dates of service) 2.1.2	38-2963 (Cherona XX	Strin 15	Loren	
g co	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ave rise to immediate couse (a), stating the under: (c) (c)	yelm v	orme of X	Il Oliver		
CERTIFICATION	FART II. OTHER SIGNIFICANT CONDITIONS CONT	hycon	se of K	yles Il		WAS AUTOPSY PERFORMED? (ES NO 1
	EITHER, NOTIFY MEDICAL EXAMINER)	in sh). (Enter nature of injury in Pa	ry ar ran il ar ilem (a.)		
WEDICAL	TIME OF INJURY Manth, Day, Year 20d. INJUR' Haur a. m. 2001. While of wark	Nat while at wark	ACE OF INJURY (Hame, farm, street, affice bldg., etc.)	Hearly lun	(County)	al like
1 1	. I certify that I attended the deceased f		, 19, ta	19	_,that I last saw	the decease
AC	TUAL HULL WALE	•		M, from the causes and the causes and the causes are considered to the causes are caused as the caused are caused are caused as the caused are caused as the caused are caused are caused as the caused are caused are caused as the caused are caused are caused as the caused		Stated above
	YSICIAN'S LME (Type)		Ocury	INP	ally see the see the see and all an an an an an an an an	
RE	MOVAL (Specify) 10-10,60	NAME OF CEMETERY OF	CREMATORY 2	2d. LOCATION (City, town, a	r county)	(State)
23. FUN	IERAL DIRECTOR'S SIGNATURE	ADDRESS	24o, REC'D		TRAR'S SIGNATURE	

NIASO TO BUILDINGS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	11211	_	CERTIFICA	ATE OF DEATI	Н	1	1194	
1.	PLACE OF DEATH Colors	1	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. It	institution Residence	Vetare admissión	in)
	b. CID OR TOWN (If autside carpor	ote limits, write	c. LENGTH OF STAY IN 16	C. CITY OF TOWN (I	f autside corporate limits	, write RURAL and giv	e nearest town)	
	d. NAME OF HOSPITAL (What in har OR INSTITUTION	spital, give street as	ddress)	d. STREET ADDRESS	0		e. IS RESID ON A F YES	FARM?
3.	NAME OF DECEASED (Type or print)	First /	Milion	Emerson	4. DATE OF DEATH	Month 10 2	5 19	60
	SEX M 6. COLOR OR	WIDOWED		B. DAJE OF BIRTHY	1007	at 1 h	YEAR IF UNDER ays Hours	Min.
104	during most of working life, even if	f work dane 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE ISIN	aterocytareign/abuntry)	12. CITIZE	N OF WHAT CO	UNTRY
13.	FATHER'S NAME William E	merse	>1/L	5 argal	1 Board	ley		
	WAS DECEASED EVER IN U. S. ARM	dates of service)	8-38-8918	Phy: Meach	s Enne	Address O	Juny	o lig
	Canditions, if any, which)	ED BY:	e far (a), (b), and (c).	e fa	ishur	. /	INTERVAL BETT	WEEN
z	gave rise to immediate cause (a), stating the under lying cause last. PART I. OTHER SIGNIFICAN	(c)	DAITSIS FING TO DEATH B	UT NOT RELATED TO THE TER	MINIAL DURENCE CONTROL	ON GIVEN & BART I	(a) 19 WAS A	LITOPSY
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH 20b. DESCI	Lloa	New Vo	cito she	ock	PERFOR	NO 7
MEDICAL	20c. TIME OF INJURY Manth, Do	ay, Year 20d. IN. While at wark		PLACE OF INJURY (Hame, fo factory, street, affice bldg.,		(Ca	unty)	(State
	21. I certify that (I) (this has saw the deceased alive on	11/21	11 /	death accurred of	M fram the cau	ses and an the		abave
	22c. PHYSICIAN'S NAME (Type)	· Jang	J	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	1/1 de		DATE SIGNEE
23	BURIAL CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (CITY Sund	, tawn, ar caunty)	(State)	1
24	FUNERAL DIRECTOR'S SIGNATURE P. E. S.O.L	vell. PH	ADDRESS.	rick, DATE	NOV 1 '60	Sb. REGISTRAR'S SIGN	IATURE.	

VR A15 (4) 15M 9/59

RISIT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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by the tun	12 should	0	6	- Colon
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d completely	n popers. P	hours after death		

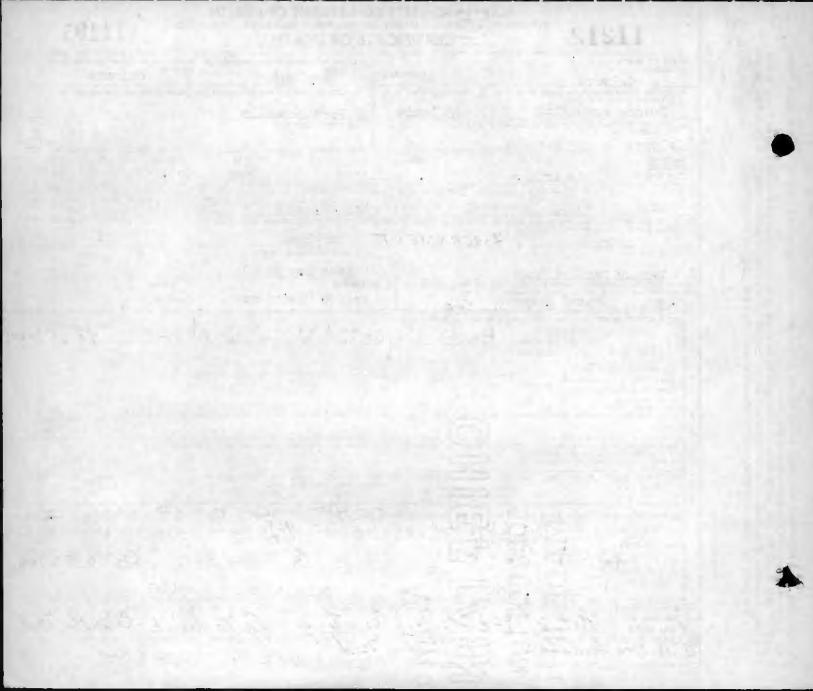
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O HOSPITA OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 had may be restained by the haspital or otherding physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Baard of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOS	moy be	TO FUNE	poge 3
VR 1S	A	9/:	(4)

1. PLACE OF DEATH a. COUNTY	lvert	MARYLA		USUAL RESIDENCE (W S. STATE Maryland		lived. If institution b. COUNTY	on: Residence be		sion)
b. CITY OR TOWN RURAL and give of	(If autside carporate limits, wri			c. CITY OR TOWN (IF	autside carpora	ate limits, write R	URAL and give r	nearest tow	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give st		7	d. STREET ADDRESS	Dire			ON	SIDENCE A FARM?
Calvert C	County Hospita	L.						123	1 110 17
3. NAME OF DECEASED (Type or print)	Arthur	Middle B. Fr	riding	last er	4. DATE OF DEATH	Oct.	ih	Doy	Year 19 60
5. SEX Male	2000 4 1	ARRIED NEVER MARRIED		TE OF BIRTH 1902		P. AGE (In years lost birthday) 58 yrs.	Manths Days	_	ER 24 HRS Min.
100. USUAL OCCUPAT	ION (Give kind of work done)	Ob. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e or fareign cau	intry)	12. CITIZEN	OF WHAT	COUNTRY
Reti	irking life, even if retired)	GOVERNMEN		Maryland			USA	A	
13. FATHER'S NAME			14	. MOTHER'S MAIDEN	NAME				
Tester	Tee Fridinger			Lena May 1	Kimble				
	(ER IN U. S. ARMED FORCES? If yes, give wer or doted of service) Naval Reserve	7_	17. INFOR		dinger	Add Sam			
Canditians, if gave rise to cause (a), stating lying cause last	immediate DUE TO					48		·	
PART II. O' PART II. O' PART III. O' PART	THER SIGNIFICANT CONDITIO						VEN IN PART I(a)	PERF	AUTOPSY ORMED?
	VAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	n Part I or Part	II of item 1B.)			
20c. TIME OF INJU Haur a. m. p. m.	10 W	d. INJURY OCCURRED hile Nat while wark at wark		OF INJURY (Home, far street, affice bldg., e		ar tawn)	(Count	ly)	(State
	not (1) (this hospital) off	71 /		110	M, from t	he causes on	19 60 nd on the do		
226, SIGNATURE	avid No	th	M.D.	ATTENDING	MED.	STAFF PHYS.	Oct	6+6	SIGNET
22c. PHYSICIAN 5 NAME (Type)	David N. Ro	obb		22d. ADDRESS Balvert	County	Hospita	al		
23a. BURIAL, CREMATI REMOVAL (Specification)	VI - 1 1- 10	60 Weaker	ERY OF CR	eleny	Pa. F	ON (City town,	E-Cal	utto	10) Zico
a . a . 7 to	R'S SIGNATURE PROM	- mutual	, 2	2So. REG	C'D BY REGISTR	AR 25b, REGI	STRAR'S SIGNA		



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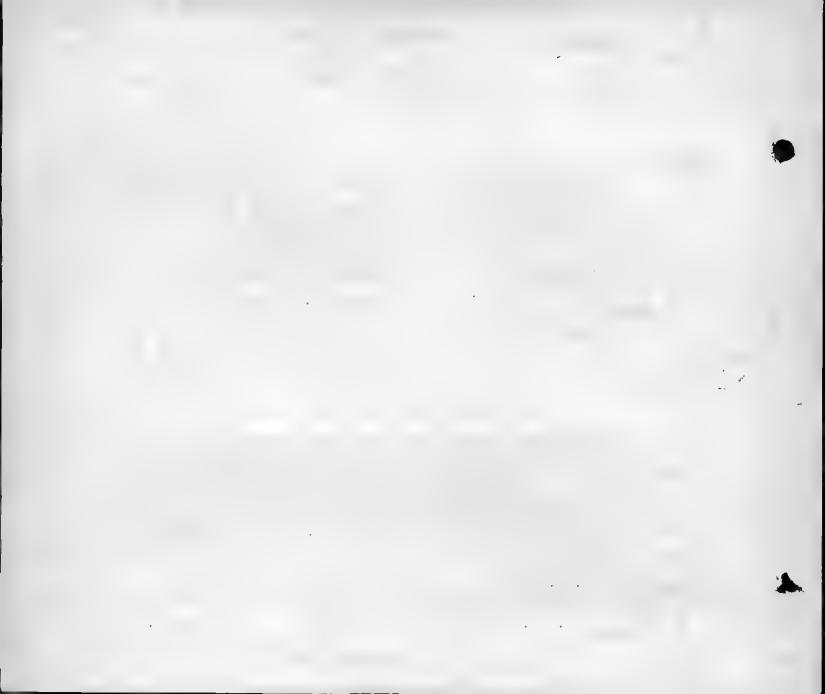
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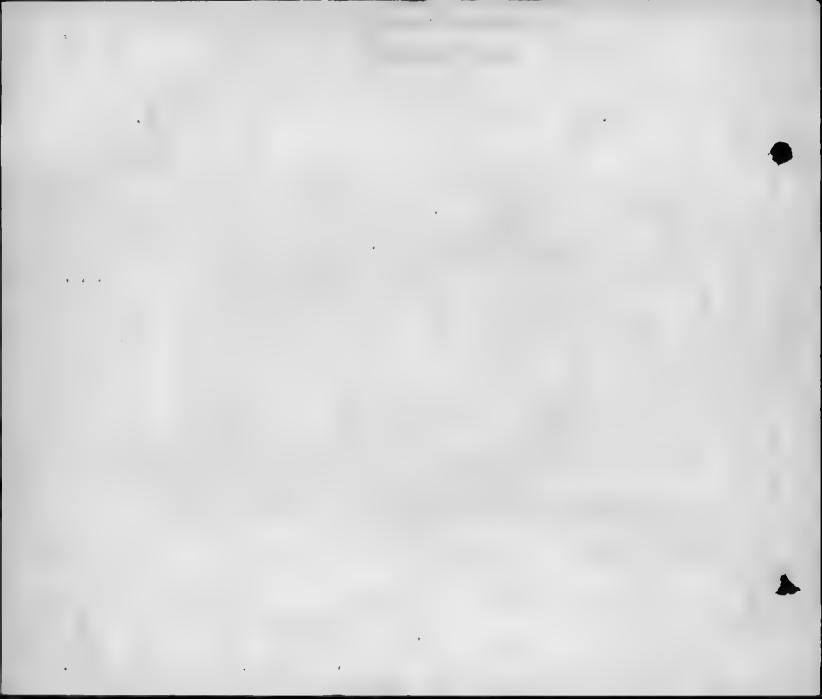
NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11214 CERTIFICATE OF DEATH

11197

				4	Re	g. Dist. No.	•
1. PLACE OF DEAT	Н		2.	USUAL RESIDE	NCE (HOME) OF DE	CEASED	
COUNTY XX	XXXXX Calver	t. MARYLAN	(D	STATE Marvla	nd COUNTY	St. Mary	La .
	orale limits, write RURAL	LENGTH OF S	TAY	CITY (If outside corp	corele timits, write RURAL er	nd give neerest tow	(n)
TOTALL	e_Frederick	(in this please 35 day		OR TOWN Dane	al Machaut	a - and 1 1 a	
HOSPITAL OR	C ITCAGILOR	1)) ((8)		Rur STREET	al Mechani		//
STREET ADDRESS O_	1 O	Mr		A DDRESS	79		O Y
3. NAME OF	lvert County	(Middle)	(Lesi)		rarm 4. (Mon	ih) (Day)	(Yee/)
DECEASED (Type or Print)	Elizabet	th B.	H411		OF		
			B. DATE OF BIRTH		9. AGE lest birthdey	tober 20	
RA	CE WIDOY	VED DIVORCED				Months Days	
Female Whi	te (apecin	Widowed 106. KIND OF BUSINESS	Nov. 3,18		88 yrs.		
done during most of v		OR INDUSTRY		THPLACE (State or for	eign country)		ZEN OF WHAT JNTRY?
relined) House	wife	Home		ryland		U.:	S.A.
13. FATHER'S NAME			14	MOTHER'S MAIDEN			
	ilary Bowles			The state of the s	et Tippett		
1S. WAS DECEASED EVER		16. SOCIAL SECURI	TY NO.	17. INFORMANT &	ADDRESS		
(Tes, no, or unk.) (If tes	give war or detes of service	'		Guy F.Hil	1 Mechanicsv	ille, Ma	ryland
T DISEASES OF CONDITIO	ONS DIRECTLY LEADING TO	16. MEDIC	CAL CERTIFIC			IN	TERVAL BETWEEN
11.		Date:	la-d	i los d	+ dispase		NSET AND DEATH
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ANTECEDENT							•
DISEASES OR CONDITION GIVING RISE TO THE AB- STATING UNDERLYING C	S, IF ANY, (B) OVE CAUSE ALISE LAST DUE TO						
STATING UNDERLTING C	(C)						
II OTHER SIGNIFICANT CO		211 -			0 -4		
DISEASE OR CONDITION	CAUSING DEATH.	17 bdomin	19/ 45W	0 C- Typ9	undetermin	~cedi	
196. DATE OF OPERATION	196. MAJOR FI	NDINGS OF OPERATION		1			20. AUTOPSY?
210. ACCIDENT WAS UNI	DERLYING FT 1 215 PLAC	E (Home, ferm, fectory,	1 726 3/6	ERE DID INJURY OCC	M0.3 (City 1	(County)	ES NO
OR CONTRIBUTING CAU	SE OF DEATH OF INJURY	street, office bldg., etc.)	X464 441	EKE DID INJUKT OCCI	DKT (City or town)	(Conuly)	(Stetu)
21d. TIME OF INJURY (M			ED 211, HC	W DID INJURY OCC	UR?		
	M.	White Not w					
22. I hereby certi	for that I attended the	deceased from 2.1	500 10	65 52	DA 1060	die 1 fe de	
pline on 22	Sep., 19.60	and that death as		14 4 6		, marilests	aw the deceased
SISN TITLE		, and man deam oc	curred articol	ADE	causes and on the d ORESS (Street, city, town	late stated abc	DATE SIGNE
12 -	JU ETH		M.D. P	Time of	rodonite 1	1 31	1-460
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF CEM	METERY OR CREMA	ORY	LOCATION (City, town	, or county)	(State)
REMOVAL (SPECIFY) Burial	10/28/60	Q+ ·	Togganh I a				
24. REC'D BY REGISTRAR	REGISTRAR'S SIG	NATURE	oseph's	FUNERAL DIRECTOR'S	Morganza,	A DDRES	Md.
NOV 2 '60	arthur S.	Trous					
DATE			. Wat	Tarke Mat	tingley Leon	aratown,	Md.



Maryland

d. STREET ADDRESS

Huntingtown

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

1	1	1	9	8
_	MARK.	-	~	()

Months

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

11215

b. CITY OR TOWN (If autside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

Calvert County Hospital

PLACE OF DEATH

Calvert

OR INSTITUTION

RURAL and give nearest town)

Prince Frederick

a. COUNTY

director, Filed funerol ploods OR ATTENDING PHYSICIAN: TITE law requires that the deoth certificate be executed within 24 I by the hospital ar ottending physician.

TO HOSPITA

after death. Page 4

Page 1			DECEASED	r	121	Middle		Last	OF OF	Month
5 5 5 E			(Type ar print)	Nettie L.	Hoope	r.			DEATH	October
vithin 2, ely fille Pages r death.		5. 5	SEX .	6. COLOR OR RACE	7	D NEVER MARRI	ED 🔲 8. C	ATE OF BIRTH	9.	AGE (In years IF
plete presentation		T	emale	White	WIDOWED	DIVORCE	D 🗆 Ma	rch 5, 187	9	81 yrs.
ecuted comple papers.			. USJAL OCCUPATIO	ON (Give kind of work	dane 10b. K	ND OF BUSINESS C		11 BIRTHPLACE (Sto		ntry)
d con pap		1	lousewife	king life, even if retire	2)	Domestic		Marylan	d	
be ex and rban 72 h	(W	-	FATHER'S NAME				1	14. MOTHER'S MAIDEN		
requires that the deoth certificate be executed within an. In signed by the attending physician and campletely fil sit permit. Then please remove carbon papers. Page ar removal, and in any event, within 72 hours after dea	(1	1)	William C	ochran				Cassie	Ann St:	innett
iffical hysic nave t, with		15.	WAS DECEASED EVE	R IN U.S. ARMED FO	RCES? 16. SC	CIAL SECURITY NO). 17, INFO			Address
g p ren		{Ye	s. na, or unknown)	(If yes, give wer or dotes of	service)	'	Mary	in Hooper,	Huntine	town. Md.
eoth endin lease any e		F		ATH Enter anly one o	ause net line	fordet the and Ich		an neopozy	/ >	2000
der der ple				TH WAS CAUSED BY:	7.7	34 2 4 4 4 4	1 1	(0)/01	1000	. 0
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IAN: The lay ending physicicate has be the burial-truly compation.	, ,	CERTIFI	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED. (Enter nature of injury	in Part I ar Part I	l of item 18.)
off off off or other		CAL	20c. TIME OF INJUR	Y Month, Day, Y	or 20d. INJ	URY OCCURRED	20e. PLACE	OF INJURY (Hame, fo	irm, 20f. (City a	r lawn)
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o di a ra ra ra				at (I) (this hospite	l) attende	d the deserted	from of	-10	01/2	4 (Ce)
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the story	- 1		22a. SIGNATURE	red offverding	DEP.CA	1792_01 ond	rnor deo	in occurred dy D	AW, from ti	ne causes and
P G C	- /		1	AL 110	0-	11	- M.D	ATTENDING PHYS	MED.	STAFF PHYS.]
P P P	- /		22c PHYSICIANS	-/CV-Y				22d ADDRESS	DIKECTOR L	rn15. 🗆
oul Soo			NAME (Type)	Some W D				Hunting	town. Mo	1 -
F 2 2 6				eems, M. D						
O HOSPIT, may be re O FUNERA page 3 sh the State		230	REMOVAL (Specify)	N. 236 DATE THERE	2/1	23c NAME OF CEM	ETERY OR C	REMATORY	23d LOCATIO	ON (City, town or
O E O St			folloreax,	10-6	60		nan	da	1.04	unin
	11.1	24	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS	1. K	250. RE	C'D BY REGISTRA	AR 256 REGISTE
VR A15 (4) 15M 9/59	1	12	Helones	4 7 line	ral f	tome a	win	OS MAC DATE	OCT 1 0 '60) Chi!

b county alvert c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Yeor 19 60 IF JINDER 1 YEAR! IF UNDER 24 HRS Doys Hours 12 CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH EN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO (Caunty) (State)

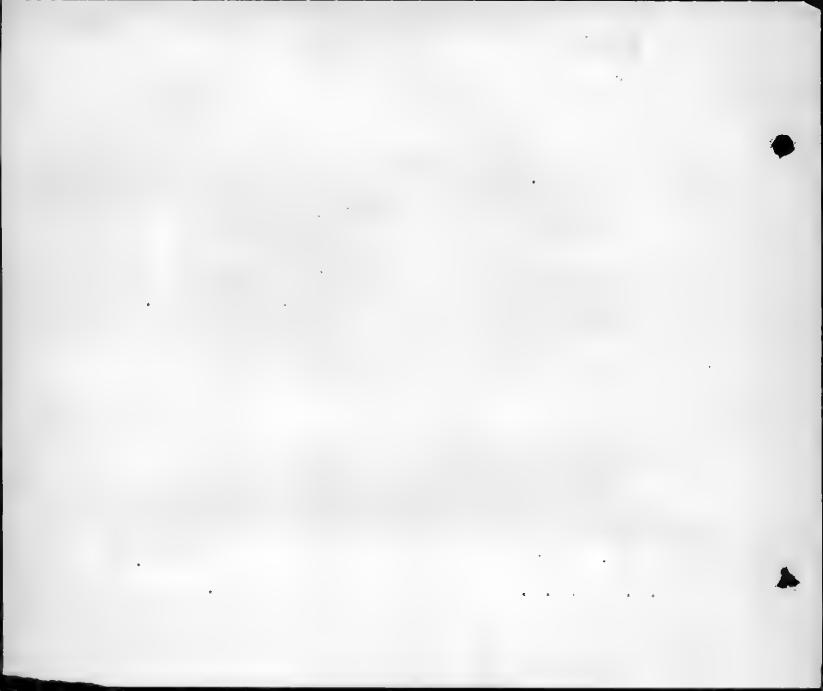
> ___, 19.60 Othot (I) (we) lost d on the date stated above

e county)

TRAR'S SIGNATURE

22b. DATE SIGNED

(State)



MARYLAND STATE DEPARTMENT OF HEALTH

11100

×	CERTIFICA	TE OF DEATH
1	PLACE OF DEATH o. COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY Calvert
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Prince Frederick, Md.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Nutual**
1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Calvert County Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First Middle DECEASED (Type or print) I Ona Howe	Last 4. DATE Month Doy Year OF DEATH October 6, 329640K 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: last birthday) October 18, 1891 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: last birthday) Months Doys Haurs Min
_	10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Housewife	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Maryland USA
I	Joseph S. Wallace	14. MOTHER'S MAIDEN NAME Charity Johnson
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (7es, no. or unknown) (7 yes, give wor or dotes of services)	NFORMANT Address Omas Howe, Olivet, Md.
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last. (c)	lung Princey) INTERVAL BETWEEN ONSET AND DEATH
~ Ps.	ССАТІС	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS' PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Hame, Farm, 20f. (City ar tawn) (County) (Stolictory, street, office bldg., etc.)
		death accurred at M, from the causes and an the date stated above
i	22a. SIGNATURE Collection	ATTENDING MED. STAFF SIGNE
-	22c. PHYSICIAN'S NAME (Type) RSI VICCHRRENT	
*	230 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY COREMOVAL (Specify) 10-9-60 Brook	mutual med
	P. Z. Sewell Frince Frederic	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ch DATOCT 1 3 '60 Cullum S. Kraus

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hose after death. Page 4 may be retailed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitely fulled in 27 the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) ISM 9/59

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE,	18
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1	2	ç	*,	at .	CERTIFICA	ATE	OF	DEATH
- 1			1		Cruilli IC			DEWILL

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1		PLACE OF DEATH COUNTY Cellret MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Revidence before admission) b. COUNTY (ubreef
	4	CITY OR TOWN (If outside corporate limits, write AURAL and give nearest town) Aurace Trusterial 2 mo-	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest tawn)
	C	d. NAME OF HOSPITAL (If not in hospital, give street address) of INSTITUTION County Hospital - annex	d, STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO.
		NAME OF DECEASED [Type or print] Middle ARY	JETT DEATH OF 11 1960
	5. 5	WIDOWED OF DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) yes Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done during groat of working life, even if retired)	Calretto, med I.S.a.
		Joshua Dore	14. MOTHER'S MAIDEN NAME
	15 (Yes	WAS DECENSED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	arthur Jett - Bromes chiland, nex
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which) [b] [b]	Joelun - Erman Onset and Death
	TION	gove rise to immediate couse (a), stoling the under-lying couse lost. DUE TO Columnia (c)	Polecups _ T. S. IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	IFICA		PERFORMED? YES NO DED. (Enter nature of injury in Part t or Part It of item 18.)
		OR CONTRIBUTING LI CAUSE OF DEATH	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
		21. I certify that, I attended the deceased from alive an, and that deat	h occurred at
		ACTUAL SIGNATURE SIGNATURE	M.D. ADDRESS (Street, city or lawn, stole) DATE SIGNES 10/11/60
1		PHYSICIAN'S R. de Villarreal	5t. Leonards Md.
	ø	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY Community Oct. 13, 1960 Becomes it	Se CREMATORY Com. Cabreet County (State)
	23	· (1. Italkness Fron - mulicat	240. REC'D BY REGISTRAR 246 REGISTRAR'S SUSWATURE DATE OCT 1 3 '60 Cuthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

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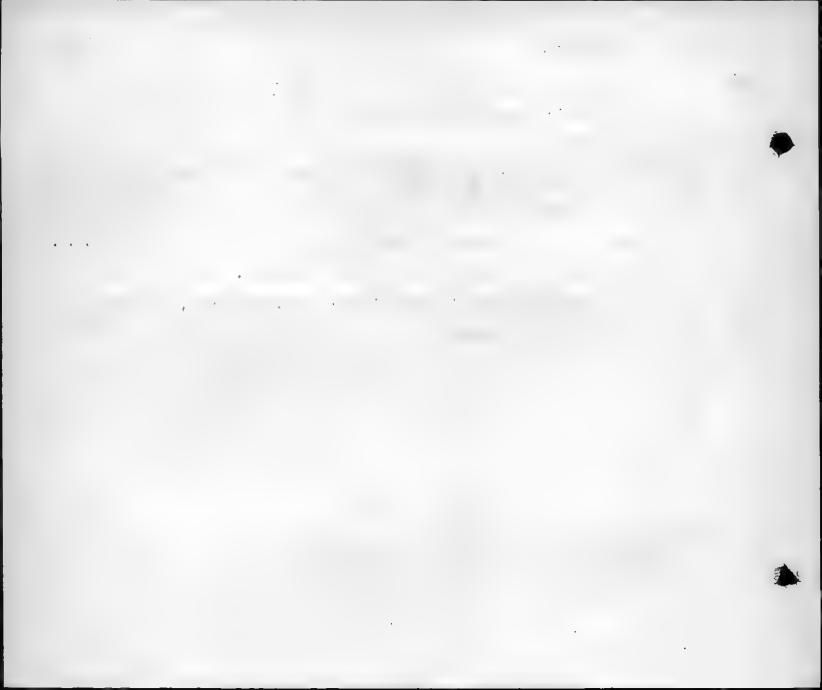
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1 PLACE OF DEAT 0. COUNTY	H		MARYLAND	2 USUAL RESI	DENCE (W)	here deceases	lived. If instituti		fore odmi:	ssian)	
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b CITY OR TOW	N (if autside carporate lim re nearest tawn)	iits, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF o	autside carpo	rate limits, write R	URAL and give n	earest fav	rn)	
996	Frederick		8 days	Plum	Point	t. 140	Mington				
d. NAME OF HO	SPITAL (If not in haspital,	give street		, d. STREET A		, , , ,	and any one of	•	e. IS RE	ESIDENCE	
OR INSTITUTE										A FARM?	
	t County			H_3					153	NO 🗆	
3. NAME OF	Fi	rst	Middle	Los	1	4. DATE	Mar	oth C	Эау	Year	
(Type or print)	\mathcal{B} . Ha	nce		Jez	10 5	DEATH	Octobe	r	15	19 60	
5. SEX	6. COLOR OR RACE	7. MARI	RIEG NEVER MARRIED	B. DATE OF BIRT	Н	-	9. AGE (In years	IF UNDER TYEA	R IF UND	DER 24 HR	
Mole	White date	WIDOW		7/20/	12		lost birthday)	Months Days			
Male	White			1/30/	155 (5)		67 yrs.		NE 14/411 T	COLUNITOR	
during most of	working life, even if retired	done Ivo.	KIND OF BUSINESS OR INDU	SIRT II BIRIHFI	ACE (Sidie	or rareign c	DONNEY!	12. CITIZEN C	JE WHAT	COUNTRI	
Netir	od	5%	indured Oil Inspect	PE	Mary]	Land			U.S.	A.	
13. FATHER'S NAME			/	14. MOTHER'S							
Samue	l Jones			1	(6774		Unnes				
	EVER IN U. S. ARMED FO	RCES2 14	SOCIAL SECURITY NO. 17 1	NFORMANT	[ollie	2 Ua	Hance	ress			
(Yes, no, or unknown)	(If yes, give war or dates of		11 -								
Ves	WWI	11	7-01-4950 M	<u>ildred Jo</u>	mes,	Plum	Point, M	aryland			
1B. CAUSE OF	DEATH [Enter only one o	ause per li	ne far (a), (b), and (c).]							BETWEEN	
PART I	PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Uremia										
along t	DUE TO				0				<u> </u>	= 72	
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	if any, which)	b)	ongestive i	(1,91-1)	1 8	داسار			(0)	45	
	ing the under DUE TO	0	1.	1		*			71	1	
	lying cause last 10 myoCandial intanchon 7dsys										
Z PART H	OTHER SIGNIFICANT CON	NDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED JO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART 1(0)	19. WAS	JUTOPSY	
Ang PART H	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS JUTOPSY PERFORMED? PROPERTY OF THE PR										
	WAS UNDERLYING	1	CRIBE HOW INJURY OCCURRI		IOMI	· 1 Qg		LUCYSM	1 1 LO] 140 [
200. ACCIDENT OR CONTRIBUT	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	200. DE3	CRIBE HOW INJURY OCCUR	cu. (chier holore c	ir injury in	rom tor rom	r it or nem 10.;				
Y 20c. TIME OF III	IJURY Month, Day, Ye	ear 20d. I		LACE OF INJURY			or fown)	(County	y)	(State	
G Hour a.	10	While		ictary, street, offic	e bldg., etc	c.)					
≥ p.	m. IF	ar wai	k at wark	-	1		10-1-1				
21 certify	that (I) (this haspita	l) attend	ded the deceased fram	DEP L	12	60, ta.	OCT. 15	196.9	that (I)	(we) las	
saw the de	eased alive an Oc	t 15	19.60, and that	death accurre	9 90 -00	M. fram	the causes ar	nd an the dat	te state	d abave	
22a. SIGNATUI		1) ()		7	.,,		- /		2b. DATE	
	Land	NI	all	M D. PHYS	D SC	RECTOR [STAFF PHYS.	Oct 16	5 6	SIGNE	
22c. PHYSICIAN NAME (Ty		λ1 ·	R-00	22d ADDR	0.	1	Con	-0.21	11	7	
	JH VID	/V	173045		PRIN	ICE 1	TOUC	RICIC	Ma	2	
230 BURIAL, CREM REMOVAL (Spit		OF	23c NAME OF CEMETERY	OR CREMATORY		23d. LOCA	TION (City, town,	or county)	(Ste	ate)	
Burns	Oct. 17 19	60	Emmonuel (Burnh		Ph	m /hint	- Calvert /	1	71	
24 FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS	1		D BY REGIST	RAR 25b, REG	STRAR'S SIGNAT	URE		
000 2	tack as	Th.	til 1	21	DATE			thur S. Kin	J.A.		
LILL . M	The state of the s	11/12	41111	ap.	PLEAT P		1				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be semicuted within 24 may be record by the haspital ar attending physician.

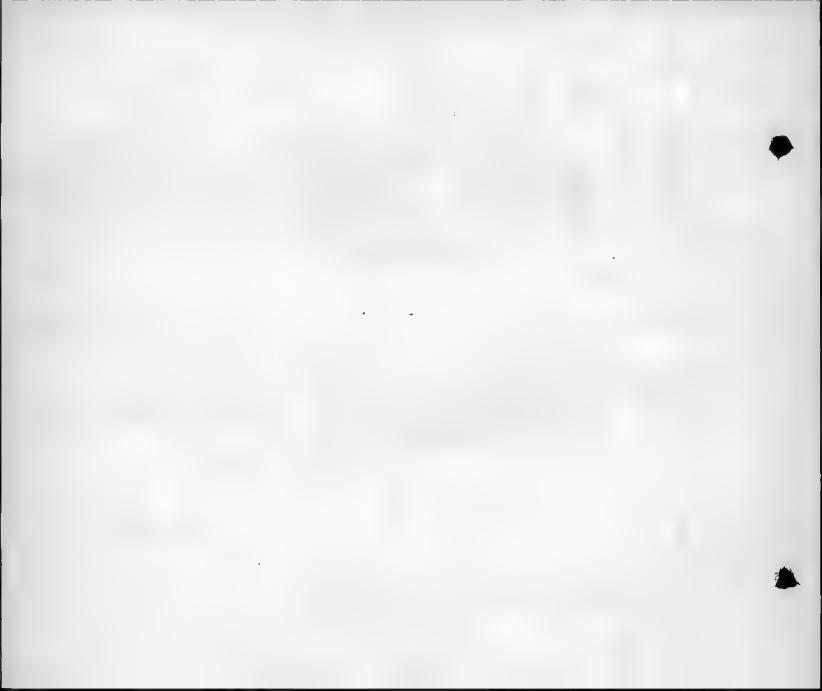
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please-semave carbon papers. Pages 1 and the State Board of Health priar to burial, cremotion, ar remaval, and in cry event, within 72 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

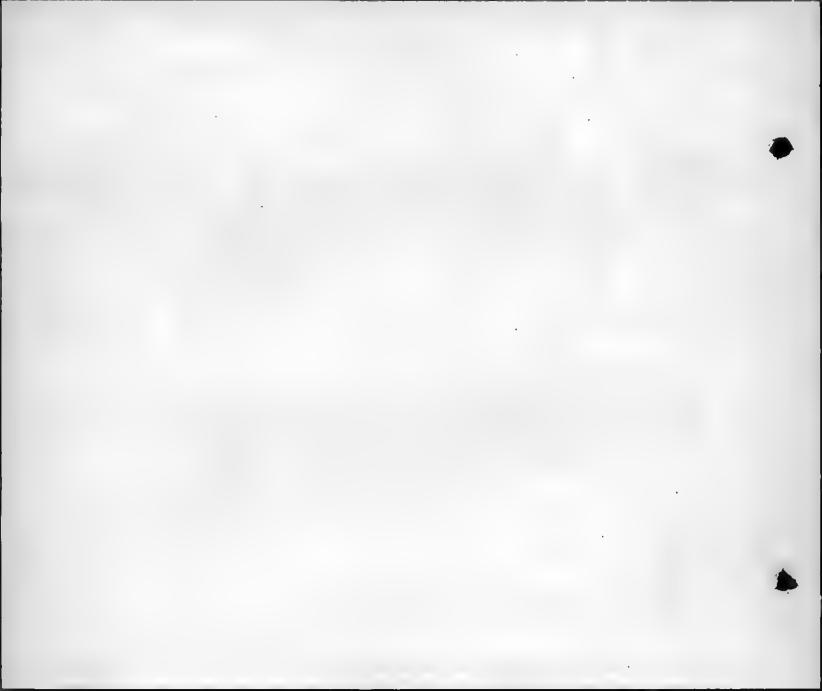


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11220 **CERTIFICATE OF DEATH** Reg. Dist No. 2013 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH) o. COUNTY b. COUNTY P P P MARYLAND CHY OR TOWN (If outside Corporate lights, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write KURAL and givernearest town) CRAL and give negrest town the fuel MER NAME OF MOSPITAL (Minot in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS YES NO NAME OF Middle 4. DATE Last Month Day Year DECEASED DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9 AGE (In years 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Min. WIDOWEĎ 🗀 DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State of Toreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and? (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** permit. Conditions, if any, which gned gave rise to immediate DUE TO casse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 🗀 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury to Port I or Port II of item 18.) certificote 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while p. m. at work at work detoched for 21. I certify that I attended the deceased fram that I last saw the deceased buriol, and that death occurred at alive an At M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL å prior SIGNATURE 3 should PHYSICIAN'S NAME (Type) registror WAR 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or caunty) 22c. NAME OF CEMETERY OR CREMATORY poge REMICVAL (Specify) 2 EUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAS 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 3 '60

after death.



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	for for for								
. PLACE OF DEATH				USUAL RESIDENCE (*	Where deceases	lived. If instituti		efore admis	ssion)
	Calvert	MAR	YLAND		vland	Q, COOM /	Walve	ert	
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write c. LENGTH OF STAT	/ IN 1b	c. CITY OR TOWN (If outside corpo	rate limits, write F	RURAL ond give	nearest law	rn)
Prince F		6 days		X Prince	Frederi	ck			
	ITAL (If not in hospital, give			d STREET ADDRESS				ON	A FARM?
Calvert (County Hespit	al		/				YES L	NO
NAME OF DECEASED (Type or print)	Carrie	Middle	8	Monnett	4. DATE OF DEATH	Modes		Day	Year 19 6
. SEX		MARRIED NEVER MARR	IED B. D	ATE OF BIRTH		9. AGE (In years		AR IF UND	
		IDOWED THE DIVORCE		17 £ 18th		lost birthday) 77 yrs.	Months Day	rs Hours	Min,
Female G. USUAL OCCUPAT	IN LL. US	ne 10b. KIND OF BUSINESS	7	11 BIRTHPLACE (Sto	ale ar fareian c		12. CITIZEN	OF WHAT	COUNTR
during most of wo	orking life, even if retired)		OK INDOGIKI			,,			
Housew	ife	Home	1.	Maryla				U.S.	A.
3. FATHER'S NAME			1.	4. MOTHER'S MAIDER	N NAME				
William	John E.	Hodges		Vida		Wat	son		
S. WAS DECEASED EN	/ER IN U. S. ARMED FORCE		0. 17. INFOR	RMANT		Add	dress		
Δta	In the distance of source	No	Heat	ges Mennet	t. Prin	ce Frede	rickm M	d.	
18. CAUSE OF D	EATH Enter only one cause	per line for (a), (b), and (c)			/	7	11	NTERVAL B	
	EATH WAS CAUSED BY:	On alexan	1/0	0	1		0	NSET ANI	D DEATH
2212	IMMEDIATE CAUSE (o)_	Concerna	x a	- Cect	ene				
-217	DUE TO	61	AND DESCRIPTION OF THE PERSON	\					
Conditions, if		Hyperic	un	me,					
gove rise to couse (o), stotin		//							
lying couse lost									
PART II. O	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GI	VEN IN PART 1(0	19. WAS	S AUTOPS
<u> </u>									NO D
200, ACCIDENT V	VAS UNDERLYING [] 20	6. DESCRIBE HOW INJURY O	OCCURRED. (F	nter nature of injury	in Port I or Por	t II of item 18.)		-	
PART II. O PART II. O OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 20 IG CAUSE OF DEATH Y MEDICAL EXAMINER)		,						
	JRY Month, Day, Year	CO. L. IN LIVERY OF COURTER	TOO. BLACE	OF INJURY (Home, for	905 1014	ar tawn)	(Caun	4.4	(Stat
20c. TIME OF INJU		While Not while		, street, office bldg.,		ar rawn)	(Caun	193	(3101
p. m	19	at work of work			i				
21 certify	at (1) (this haspital)	attended the deceased	fram	-10-	19500 /	0-15	1960	that (I)	(we) Id
	ased alive an 10-			h accurred a 2		the causes a			
22o. LIGHATUR	daza dilve dil	*	a mur dear	II documed day	2,111, 11 (11)	lile conses (i	id dil ille de		2b. DATE
2/1/	1700		14 m	ATTENDING	MED.	STAFF		10	SION
22c. PHYSICHN'S	Cour		M.D.	PHYS. 22d. ADDRESS	DIRECTOR	PHYS.		/	יום ליו
NAME (Type)				il. +	7	ms			
	C. VI Vee	MS		munish	210001	1'19			
230. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEA	METERY OR CE	REMATORY	23d. LOCA	TION (City, town,	or county)	(Str	ote)
Bureal	" Och 18 19	60 Central	Come	tore	Ba	potono 1	algerti	6/	nd.
24, FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS t	1	/ 25a. R	EC'D BY REGIST		ISTRAR'S SIGNA		
0.0	704 1	150 Mi	heal	na DATE	OCT 1 8	60	Irlhun S. t	Track	
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after death. Page 4 the attending physicion and campletely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be retrieved by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to buriol, cremation, or removal, and in any auch within 72 hours after death.

VR A15 (4) 15M 9/59

*1)(1: 24 or TS Trion or waitly of spiritual relations of the section of STANGER OF THE PARTY.

CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY G. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should be RURAL and give meorest town}4 resce_ d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS AR INSTITUTION NAME OF Middle 4. DATE Lost DECEASED OF DEATH (Type or print) 6. COLOR OR RACE MARRIED NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED | DIYORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 FIRTHPLACE (Stote or foreign country during gost of working life, eval if retired) 13. FATHER'S NAME hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT offending 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 1375 21. I certify that I attended the deceased fram SC 1960 that I last saw the deceased alive an C and that death accurred at ______M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county abod 24b. REGISTRAR'S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

e. 15 RESIDENCE

Hours

ONSET AND DEATH

PERFORMED? YES T

(County)

NO PA

(Stote)

DATE SIGNED

LIPOTES

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO !

Year

1960

Poge ofter death. V5 A15 (4) 1SM 10/57